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Administrative Bulletin 09-13

Health Safety Net: Serious Reportable Events Guidelines

Effective June 16, 2009

The Health Safety Net (HSN) has adopted uniform non-payment policies for costs associated with all Serious Reportable Events identified by the National Quality Forum and implemented as part of the Executive Office of Health and Human Services' *HealthyMass* initiative.

The HSN does not pay for services directly related to a SRE as defined in 105 CMR 130.332(A).

Reimbursement Determination

A hospital or CHC shall not charge, bill, or otherwise seek payment from a patient, their kin, the HSN or any other payer for services provided as a result of a SRE occurring on premises covered by a provider's license, if the provider determines that the SRE was:

- A. Preventable;
- B. Within the provider's control; and
- C. Unambiguously the result of a system failure as required by 105 CMR 130.332 (B) and (C).

Scope of No Charge Policy

A hospital or CHC shall not charge, bill, or otherwise seek payment from a patient, their kin, the HSN or any other payer for services directly related to:

- A. The occurrence of the SRE;
- B. The correction or remediation of the event; or
- C. Subsequent complications arising from the event.

Reporting to the Health Safety Net

Providers must comply with Department of Public Health regulations regarding SREs, including but not limited to reporting requirements. Accordingly, Providers should mail all reports to the patient's representative, to any other responsible third party payer and to:

Mr. Tony Sousa
Health Safety Net Operations Manager
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Non-Payment Policies

If a provider believes that other services provided to the patient who is the subject of the SRE are not otherwise addressed by 114.6 CMR 13.03 (1)(d)(1) or (2), the provider may request that the HSN review the case to determine if any portion of the service is payable. The following steps outline the process for consideration of such claims:

- A. The Director of Patient Financial Services, or a provider representative who fulfills a similar role, must notify the HSN Operations Manager of the intent to submit a claim for services that may appear to be associated with a SRE, along with the related claims information and the clinical rationale for why the claim should be paid. The Provider must demonstrate to the satisfaction of the HSN that the services provided were unrelated to the SRE.
- B. The HSN will review the provider's evidence and reimbursement report and may decide to make full, partial or no payment for the case.
- C. If the HSN approves a claim to be paid, it will instruct the provider to submit the claim according to HSN requirements and subject to all claim adjudication edits.

A provider may submit a claim for services it provides that result from an SRE that did not occur on its premises, only if the treating facility and the facility responsible for the SRE do not have common ownership or a common corporate parent.